



GOODWILL SCHOLARSHIP APPLICATION

City of Chandler Community Services Department Recreation & Aquatics Divisions



The City of Chandler Community Services Department offers a scholarship program to assist economically disadvantaged families and individuals with improving their quality of life through leisure and recreation opportunities. Please refer to our *Break Time* brochure for a complete class list and general information. To apply for a scholarship, please complete this form in its entirety and return it to the Chandler Community Services Department along with your class registration form and all required financial documentation.

Scholarship Guidelines:

- You must be a Chandler resident to participate in the program.
- Scholarships are not guaranteed and are available on an as-needed basis.
- Proof of residency must be turned in with application, i.e. current utility bill, property tax statement.
- A completed class registration form must be turned in with application. Scholarship funds will not be approved without any class registration(s).
- A separate registration form must be completed and turned in for Aquatics and Recreation.
- Scholarship amount will not exceed \$150 per family, per fiscal year (July 1- June 30).
- Any amount over the approved \$150 must be paid in full at time of registration.
- Scholarship funds do not cover pool admission fees, supply fees, instructor fees, excursions or field trips.
- A maximum of two (2) spots will be approved for any class, camp or program.
- Scholarship funds cannot be used for classes with an instructor or supply fee that is higher than the resident fee.
- Please allow at least 7-10 business days prior to the upcoming session registration or class start date for application processing.
- All cancellations will be counted towards the total scholarship amount used. No refunds will be given towards another class, but notification is required!
- All family members in the household must be noted on the application. Only dependents living in the household that are listed on the application will be approved to use scholarship funds.
- All requests for approvals, cancellations or transfers must be turned into the scholarship coordinator.

Financial Documentation – a minimum of two (2) of the following are required:

- A copy of the most recent federal tax return, W-2(s) or 1099(s) for all members living in the household that receive any form of income. The entire tax return form must be turned in along with all W-2(s) and signature(s).
- A copy of the two (2) most recent paycheck or unemployment check stubs for all household members that receive any form of income.
- Approval paperwork from the City of Chandler Housing Division.
- A copy of the most recent Social Security or SSI Disability award letter for all household members that receive this form of income.
- Food stamps are not considered a form of income.

In order to be approved, your family must meet the following income guidelines according to the family size living in the household:

Return your completed application and required documents to:

Mail:

Chandler Community Services Department
P.O. Box 4008, Mail Stop 501
Chandler, AZ 85244

Drop off:

125 E. Commonwealth Avenue
Chandler, AZ 85225

For further information call:

480-782-2727

See reverse for application

Maricopa County	
Annual Income Guidelines	
<u>Family Size</u>	<u>Income</u>
1	\$14,000
2	\$16,000
3	\$18,000
4	\$20,000
5	\$21,600
6	\$23,200
7	\$24,800
8	\$26,400

Applicant Information:

Parent / Guardian / Applicant's Full Name: _____

Address: _____ Zip Code: _____

Phone (primary): _____ Phone (secondary): _____

Place of Employment (if applicable): _____

Annual Income: \$ _____ Type of Income: _____

Spouse's Full Name (if applicable): _____

Phone (primary): _____ Phone (secondary): _____

Place of Employment (if applicable): _____

Annual Income: \$ _____ Type of Income: _____

Number of family members in household: _____

List all family members in household:

Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age

I certify that all information provided is true and correct and all names listed are family members residing in the household.

Applicant Signature: _____ Date: _____

Official Use Only

Scholarship Coordinator: _____ Division Manager: _____

Date Received: _____ ☐ Approved ☐ Denied Reason Denied (if applicable): _____